

THE HARRISBURG AUTHORITY

APPLICATION FOR SEWER DEDUCTION

INDUSTRY NAME:

DIVISION NAME:

MAILING ADDRESS:

FACILITY ADDRESS:

CONTACT PERSON:

TELEPHONE

NUMBER: _____

PROPERTY NUMBER:

REASON FOR REQUESTED

DEDUCTION: _____

EQUIPMENT MANUFACTURER, UNIT CLASSIFICATION, HORSEPOWER, RATING (BTU/HOUR, TONS/DAY)

DETAILED SYSTEM DRAWINGS MUST ACCOMPANY THIS APPLICATION. FAILURE TO DO SO WILL RESULT IN THE REJECTION OF THE APPLICATION.

DATE

SIGNATURE OF APPLICANT

WATER BUREAU USE ONLY

APPLICATION RECEIVED: _____

APPLICATION RECEIVED BY: _____

INITIAL INSPECTION SCHEDULED: _____

COMMENT: _____

PLEASE COMPLETE AND RETURN TO:

DR. ROBERT E. YOUNG WATER SERVICES CENTER
100 PINE DRIVE
HARRISBURG, PA 17103
717-238-8725

C:\FORMS\Sewerdeduct App.doc
2/7/08